

DCPS Summer School Enrollment Form

High School Application for Summer School 2009



DCPS Office of Out-of-School Time ~ 825 North Capitol Street NE Washington, DC 20002 ~ 202.442.5002

Summer School: _____

Student Information

Name: _____ Gender: ____M ____F

Address: _____

Preferred Language: _____ Student ID: _____

Phone: _____ E-mail: _____ Best way to contact: Phone / E-mail

08/09 Grade: _____ Winter School: _____ Date of Birth: _____

Contact Information

Parent/Guardian Name: _____ Relationship: _____

Address: _____ Phone: _____ E-mail: _____

Emergency Contact Name: _____ Relationship: _____

Address: _____ Phone: _____ E-mail: _____

Release Information

- I agree to the following terms:

I hereby give permission for my child to participate in summer school activities sponsored by DCPS.

I understand that all students are expected to have perfect daily attendance and punctuality. Three (3) unexcused absences will cause a student to be dismissed from the Summer School Program. Three (3) unexcused tardy arrivals will be counted as one (1) unexcused absence.

I allow DCPS to use photos of my child and copies of my child's work for program advertisement, without use of my child's name.

I allow participating Community Based Organizations (CBOs) to access my child's education records in order to help provide the most effective and comprehensive academic support.

Parent/Guardian Signature: _____ Date: _____

For School Use Only

Eligibility

____ ESY/Comp Ed Eligible ____ Receiving Sped Ed
____ English Language Learner ____ Residency Verified

Courses Requested

Course 1: _____

Course 2: _____

Course 3: _____

Counselor: _____ Date: _____